Revised December 1974

STATE WATER RESOURCES CONTROL BOARD STATE DEPARTMENT OF HEALTH

015-U+7786 SFUND RECORDS CTR 999000850

PRODUCER OF WASTE (Must be filled by producer)			HAULER OF WASTE (Must be filled by hauler) 999000850
Name (PRINT OR TYPE) CO CO CO LO DE NO. Pick up Address: // //// O/ JUC (CITY) (NUMBER) (STREET) (CITY)			ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392
Telephone Number: (<u>····) (····)</u> P.O. or Contract No.: 4016 35			Pick Up: //- Time:pm
Order Placed By: 14- PCW Date: 11- 2- 50			State Liquid Waste Hauler's Registration No. (if applicable): 15
Type of Process			Job No.: Unit No
which Produced Wastes: // UM. NUM / NIRICATOR COOR No.			Vehicle: Svacuum truck 1000 barrels, flatbed, other (specipy)
wastewater treatment, pickling bath, petroleum refining)			(specify) The described waste was hauled by me to the disposal
DESCRIPTION OF WASTE (Must be filled by producer)			facility named below and was accepted.
Check type of wastes:			I certify (or declare) under penalty of perjury that the foregoing is true and correct.
1. Acid solution	6. Tetraethyl lead sludge	11. Contaminated soil and sand	SIGNATURE OF AUTHORIZED AGENT AND TITLE
2. Alkaline solution	7. Chemical toilet wastes	12. Li Cannery waste	DISPOSER OF WASTE (Must be filled by MCCHAID USTRIES, INC.
3. Pesticides 4. Paint sludge	8. Tank bottom sediment 9. Dil	13. D Latex waste	Name (print or type): 2425 St). Grandeld Ava.
4. □ Paint sludge 5. □ Solvent		15. Brine	Name (print or type): 2425 St). Gardeld Ava. Site Address: Michigany Pallis, Co. 11, 91754
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Other (Specify) 714MINUM (XIDE) & WATER CODE NO.			The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and
Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), Upper Lower % ppm organics (list), cyanide)			Ouantity measured at site (if applicable):State fee (if any):
Conganics (rist), Eyamide)			Handling Method(s):
1			racovery
2.			· · · · · · · · · · · · · · · · · · ·
<u>a</u>			treatment (specify): [EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION] CODE NO.
4.			disposal (specify): pond spreading landfil injection well
			□ other (specify):
			If waste is held for disposal elsewhere spenify final location:
			Disposal Date:
Hazardous Properties of Waste: pH 29			I certify (or declare) under penalty of perjury that the foregoing is true and correct.
Bulk Volume:	gal 🗌 tons 🏾	barrels (42 gal.) Other (SPECIFY)	The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.
Containers: (NUMBER)	drums acartons a	bags Other (SPECIFY)	
Physical State:	☐ solid 🛭 liquid 🗳	sludge other (SPECIFY)	107
Special Handling Instructions (if any):			Y //
NONA			
The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).			
I certify (or declare) under penalty of perjury			FOR INFORMATION REVATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
that the foregoing is true and correct.			HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424 9300.
	*IC NATUR	E OF AUTHORIZED AGENT AND TITLE	D.O.T. Proper Shipping Name
BILLING COPY			